



CULTURE CARE CONNECTION

Increasing the cultural competence of health care providers serving culturally diverse populations

Fall 2009

Funded by 

Culture Care Connection Clinics Implementing Action Plans

Participating clinics are jumping in and making changes to improve the way they communicate with and provide treatment for their multicultural patients. Try implementing some of these great ideas into your cultural competence efforts.

The **Annex Teen Clinic** in Robbinsdale is involving its entire staff in multicultural education with trainings every three months, including viewing DVDs on Somali and Hispanic/Latino culture and hosting speakers from Minnesota International Health Volunteers who presented on sexual health and Somali adolescents. The clinic has added signs to solicit feedback from clients on their cultural needs, has begun updating its resources to be culturally appropriate, and has established a policy for free interpretive services.

Bemidji's MeritCare Clinic is concentrating attention on its American Indian population, its largest minority patient population, by making the clinic more American Indian focused. Staff members also are working to complete the Office of Minority Health online curriculum and are in the process of planning how to collect racial demographics through their system-wide computerized record system.

St. Paul's **HealthEast Roselawn Clinic** is collecting patient data on race and ethnicity, language preference, and place of birth. Roselawn is the pilot site for this project, which will be rolled out to the entire HealthEast clinic system by year-end. Clinic Manager Mona Walden-Frey stresses that reducing disparities in health care delivery begins with identifying populations being served.

Hennepin Faculty Associates in Minneapolis has a great idea for getting staff involved. They distribute the Culture Care Connection newsletter to staff along with a quiz with questions about the articles, then draw for a prize for the winner! Staff members have been viewing and discussing the Crossing Cultures video and are well on their way to completing the OMH online curriculum.

Sanford Clinics in Mountain Lake and Windom are providing staff education on cultural diversity and are purchasing a DVD player so staff can view DVDs on Hispanic/Latino, Somali, and Laotian cultures. They also are updating their records to track which patients require an interpreter; beginning the process of assessing interpreter proficiency; and reiterating the importance of using professional



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interpreters in the clinic rather than family and friends.

Excelsior's **West Suburban Teen Clinic** is scheduling more frequent staff meetings with trainings that will focus on cultural competency. The clinic is also starting to address how to better use interpreter services to meet the needs of its non-English speaking patients.

Culture Care Focus: Vietnamese in Minnesota

According to the 2006 American Community Survey, the Vietnamese American population in the US grew from 245,025 in 1980 to 1,599,394 in 2006, representing the second largest Southeast Asian American group, with the largest populations living in California and Texas. In 2006, Minnesota had a Vietnamese population of 23,563.

Mass immigration to the US began in 1975 at the end of the Vietnam War with the fall of Saigon. More than 125,000 Vietnamese who had ties with the government or Americans escaped from invading communists. In 1977, a second wave of refugees began fleeing Vietnam as a result of the new communist policies of re-education, torture, and forced relocation. More than two million Vietnamese fled in small, overcrowded boats to other southeast Asian countries for asylum.

The cultural patterns described in this article may represent many Vietnamese Americans, but do not represent all people in a community. The younger the person, the more assimilated and less likely to follow traditional practices.

Social Structure

A traditional Vietnamese family often has two to four generations and extended family living in the same home. Family members are expected to work and behave for the good of the group. Traditionally, the father has ultimate responsibility and acts as leader, although due to Western influence, household structures and gender roles now vary greatly. Divorce is uncommon and is considered shameful, especially for women. In the US, arranged marriages are declining. Parents today take more of an advisory role in the choice of a child's mate.

Diet

A typical Vietnamese diet is generally healthy, with rice or noodles, fresh vegetables, and fish or meat. However, the diet also can be high in sodium from fish sauce and MSG, and low in fiber. Dairy and soy products are not usually

part of a typical Vietnamese diet —although most children drink milk. Some women believe that formula is more nutritious than nursing for their infants.



Like the general population, Vietnamese people may be susceptible to weight gain, high cholesterol, and diabetes. Many do not understand that rice and traditional desserts high in sugar and saturated fats from coconut milk and oil cause high blood sugar. In Vietnamese culture, chubby children are considered healthy and a sign of prosperity.

Religion

Vietnamese people follow a variety of religions, including Buddhism and Roman Catholicism. They also may worship spirits and natural forces, or practice ancestor worship and astrology.

Confucianism and Taoism have strongly influenced Vietnamese cultural traditions. Many customs are rooted in both the Confucian respect for education, family, and elders, and the Taoist desire to avoid conflict. Stoicism is a highly a highly respected trait.

Medical Care

Vietnamese Americans are at risk of poor health due to language barriers, lack of financial resources, inexperience with American culture, and under utilization of health care services. Many Vietnamese had severe health problems on arrival in the US from poor living conditions, starvation, and abuse during the Vietnam War and in refugee camps. Medical problems seen at that time included TB, hepatitis B, malaria, and leprosy.

The most common cancers seen in this population are prostate, breast, lung, and colo-rectal. Because of exposure to Agent Orange during the Vietnam War, Vietnamese immigrants are potentially at risk for cancers, immune deficiency, endocrine disruption, and neurological damage. Rates of smoking among Vietnamese men are very high with smoking-related cancer endemic in this population. Providers are encouraged to screen especially for cancers of infectious origins, smoking, and exposure to second hand smoke.



Many Vietnamese believe that Asian people are different physiologically than white people. Western medicines are thought of as “hot” and too potent for their physiology. As a result, they may not take medicines as prescribed. Many people attribute symptoms to a physical weakness; for example, a weak heart is expressed by panic, palpitations, and dizziness; a weak kidney is expressed by impotence; a weak stomach or liver is expressed by indigestion; and a weak nervous system is expressed by headache or lack of concentration.

Some patients believe a physician should be able to diagnose a problem by looking at them and feeling their pulse. They often resist invasive procedures and immunizations, and see a provider who does not intrude on the body as the best healer. Many elders do not trust western medicine and use it only as a last resort. They may use traditional remedies as well as Western medicines but may not reveal this to a provider.

Vietnamese people also believe in the medicinal properties of specific foods, such as mung beans, green beans, and bitter melon, which is believed to help control high blood pressure. Acupuncture is used widely for arthritis pain, stroke, visual problems, and other ailments. Dermabrasive procedures based on the Chinese philosophy of hot/cold physiology are often used to treat headache, cough, nausea, and other maladies.

Cutaneous hematomas are made on the face and trunk by pinching and pulling the skin to release excessive air, by rubbing oiled skin with a coin or spoon, or by cupping— heating air in a cup with a flame, then placing the cup onto the skin. As the air cools, it contracts and pulls on the skin, leaving a purple mark. Moxibustion, often combined with acupuncture, is the process of making circular superficial burns on the skin with ignited incense or other material placed directly on the skin.

In Vietnam, elders were given great respect and roles of authority, but have lost this special status in the US, leaving many feeling depressed and lonely. However, because traditional Vietnamese believe that emotional pain is a physical symptom, they avoid referrals to mental health clinics. Mental illness is traditionally considered shameful.

It is often feared or denied. In Vietnam, the mentally ill were hidden. Although many older refugees may suffer from post traumatic stress disorder, anxiety, and depression, they may not wish to discuss these disorders.

Because Vietnamese people value politeness and respect for authority, patients may not ask providers questions or voice concerns. If they disagree or do not understand, they may simply listen and answer yes, then not comply with recommendations or return for further care. Vietnamese patients may smile easily and often, regardless of underlying emotions and in situations other cultures find inappropriate. They may not take appointment times literally, arriving late so as not to appear overly enthusiastic.



Death and Dying

Many Vietnamese people believe medicine is connected to religion and that suffering and illness are an unavoidable part of life. They feel that the length of one's life is predetermined, and that prolonging life is futile. When a person is dying, family members take turns at the bedside and attend the body after death. Buddhists may ask a monk or elderly person to pray at the bedside to make the person happy before they die. The family may object to autopsy and organ donation.

Death rituals in the Vietnamese community provide the bereaved a chance to fulfill obligations and complete unfinished business with the deceased. Arranging a proper funeral for a loved one is one of the most important things a person can do for them, and it helps the living grieve and go on with life. The elaborate details of Vietnamese death rituals require extensive involvement of the family and entire community over a period of two to three years. Death rituals can communicate communal responsibilities and can recreate social order by communicating who will take the place of the deceased.

Sources:

2005 American Community Survey, <http://www.hmongstudies.org/SEA2006ACS.html>, viewed September 2009

American Immigration Law Foundation, http://www.aifl.org/awards/benefit2005/vietnamese_essay.shtml, viewed September 2009

Ethnomed http://ethnomed.org/cultures/vietnamese/vietnamese_cp.html, http://ethnomed.org/ethnomed/cultures/vietnamese/vietnamese_cp.html#western, viewed September 2009

Culture Connections: Health Literacy Tips

Health literacy can be described as the ability to obtain, interpret, and understand basic health information and use it to improve health. Low health literacy can prevent patients from understanding their health care services and getting the care they need.

Even if a person has been to school, can read, and can function well at home and work, they may have inadequate literacy in a health care environment. If a person's first language is not English, they may have special problems

understanding medical language and instructions. Patients need to be able to understand physician instructions, prescription drug instructions, consent forms, appointment slips, and educational brochures, as well as having the ability to navigate complex health care systems.

Look for signs of low health literacy among your patients and try the following techniques to help them improve their health literacy.

Possible signs of low health literacy	Helping patients with low health literacy
Patient consistently arrives late for scheduled appointments.	Use simple words. Avoid technical and medical jargon. Never use acronyms.
Patient does not complete required forms.	Provide information in small chunks.
Patient requires several calls between appointments to clarify instructions.	Read written instructions out loud. Speak slowly. Articulate words, but don't shout.
Patient does not fill prescriptions or take them as prescribed.	Repeat important information. Ask the patient to repeat information back to you.
Patient says, "I'll take this home for my family to read."	Ask open-ended questions. Repeat important information. Ask the patient to repeat information back to you.
Patient says, "I forgot my glasses," or "my eyes are tired."	Use medically trained interpreters familiar with cultural nuances.
Patient says, "I don't understand this."	Use pictures, models, video/audio, physical demonstrations, and body language to illustrate what you are saying.

ICE, Industry Collaboration Effort, http://www.iceforhealth.org/library/documents/ICE_Booklet.pdf viewed August 2009.

Resources for Your Clinic

Culture Care Connection Web site, www.culturecareconnection.org, will go live September 30, 2009. The first Minnesota-focused online learning and resource center to support health care providers, staff, and administrators in their ongoing efforts to provide culturally competent care to their racially and ethnically diverse patient populations.

United Lao and Hmong Youth of Minnesota, 651-488-0243: Provides health, education, and social services.

Vietnamese American Community of the USA, 763-783-9575, www.vietnam-minnesota.org: Coordinates Vietnamese communities and activities nationwide.

Vietnamese Cultural Association of Minnesota, 651-297-5451: Offers translation services.

Vietnamese Minnesotans Association, 651-290-4791, vietassoc@netscape.net: Provides health education, family services, domestic abuse counseling, employment services, and referrals to ESL/GED and legal services.

Vietnamese Social Services, 651-641-8907, www.vssmn.org: Provides employment and social services to the Southeast Asian community.

Wilder Southeast Asian Social Adjustment Program, www.wilder.org: Provides culturally specific mental health programs for Hmong, Cambodian, Laotian, and Vietnamese immigrants living in the Twin Cities east metro area.

Over-the-Phone Interpreters Eliminate Delays in Care

According to its mission, St. James Medical Center—a Mayo Health System facility—strives to provide the same high standard of care for all its patients. Providing immediate access to trained medical interpreters for its non-English speaking patients through an over-the-phone interpreter system addresses this issue.

The telephone system has been in place for nearly a year and is used primarily for St. James' Laotian and Spanish-speaking patients. It has been integrated into all processes of its clinic, hospital, and emergency room, and is used by all staff members with whom the patient comes in contact, including physicians, nurses, and front desk staff, who register patients and schedule appointments.

St. James Medical Center Clinic Manager Neissa Gallahar explains when a non-English speaking patient calls in, they first state their primary language. The appointment staff member says "one moment please" in the caller's language, and immediately initiates a three-way conversation with a certified interpreter. Within seconds, an interpreter who speaks the patient's language answers the phone and explains who they are and the service they will provide.

When nurses escort the patient to a room, they use handheld cordless phones. During the exam, the provider and the patient use headsets so their hands are free. Interpreters ensure information and instructions have been interpreted correctly and the patient understands by asking them to repeat back the translated information. The clinic's interpreter service provides 24/7 support 365 days per year, and is designed to meet Joint Commission and Office of Minority Health CLAS standards. The clinic communicates the availability of its interpreter service throughout the community by word of mouth and on the local Spanish radio station.

According to Gallahar, "The greatest benefit of the system to patients is no delay in treatment. A patient in pain does not have to wait 20 minutes or more for the arrival of an on-call interpreter, which can be incredibly frustrating. And the telephone system is non-invasive—rather than having an interpreter standing in the room with the patient and clinician, they are speaking in their ear."

"We would certainly recommend a telephone interpreter system to other clinics."

Calendar: Multicultural Events

Power to End Stroke Gospel Tour October 15, 2009, Brooklyn Park, MN

A free, stroke education and awareness event designed by the American Heart Association to embrace and celebrate the culture, energy, creativity, and lifestyles of African Americans and to raise awareness about the risk factors and warning signs of stroke prevalent in this community. Contact Sue Schardin at sueling.schardin@heart.org or 952-835-3300. [More Information >](#)

Microlnequities: The Power of Small October 22, 2009, Minneapolis, MN

A MultiCultural Development Workshop on the development and delivery of constructive micromessages in the workplace with the goal of improving daily interactions and achieving a diverse, productive, and inclusive work environment. [More information >](#)

Many Faces of Community Health: Riding the Wave of Health Care Reform October 22-23, 2009 St. Louis Park, MN

Stratis Health is again a proud sponsor of the Many Faces of Community Health Conference. Key sessions you won't want to miss:

- *Make the Culture Care Connection: How to Address the Cultural Diversity of Your Patients and Staff*
- *Pandemic-Ready: How to Run a Tabletop Drill*
- *What Does This Wave of Reform Look Like?*

Other session topics include health care home, care management and integration, patient engagement, cultural competency, leadership, and payment reform, as well as health information technology and the impact of health care reform on safety net providers. [More information >](#)



Minneapolis Diabetes Expo October 24, 2009, Minneapolis, MN

Diabetes is one of the leading illnesses in many minority populations. Stratis Health is working to stop diabetes and improve diabetes management for people with diabetes through our work with the Minnesota Diabetes Collaborative.

This year's Diabetes Expo offers diabetes tips and demonstrations for your patients on how to eat healthier, be more active, monitor blood glucose, and take care of feet and eyes. Also free are health screenings for A1c, blood pressure, cholesterol, vision, foot health, body mass index, bone density, sleep apnea, and diabetes risk assessment. See cooking and fitness demonstrations, new diabetes products, technology, resources, and treatments, and take advantage of educational workshops. Learn about local programs, events, advocacy activities, and current research. Contact Molly Duerr at mduerr@diabetes.org or 763-593-5333, ext. 6652.

Minnesota Cancer Alliance Summit 2009: Partners In Progress, November 17, 2009, Bloomington, MN

Many minority groups are affected disproportionately by morbidity and mortality from cancer. As a member of the

Alliance, Stratis Health encourages health care professionals, community outreach workers, advocates and survivors to come together for this working meeting to learn, network, and help create momentum to move Cancer Plan Minnesota forward. [More information >](#)

From Chaos to Coherence: A Tool to Manage Conflict, November 19, 2009, Plymouth, MN

A MultiCultural Development Center workshop on learning to apply human systems dynamics in unpredictable, complex settings and respond more effectively to conflict situations. [More information >](#)

100 Men Take a Stand Planning Meeting December 8, 2009, Minneapolis, MN

Help plan activities to engage African American men in the prevention of family violence through CASH (compassion, accountability, and straight up healing). An Initiative for Violence-Free Families event. Contact James Martin at jmartin@fcsmn.org or 612-728-2083.

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Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

Stratis Health works toward its mission through initiatives funded by federal and state government contracts, and community and foundation grants, including serving as Minnesota's Medicare Quality Improvement Organization.

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